

CARE International in Haiti

Third Annual Report of the RICHES 2000 Project

Grand'Anse District

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List of Acronyms and Abbreviations

ACD	Assistant Country Director
AIDS	Acquired Immuno-deficiency Syndrome
CLIP	Inter Partner Liaison Committee
col-vol	Village health volunteer
FNUAP	United Nations Fund for Population Activities
FP	Family Planning
HHF	Haitian Health Foundation
HIV	Human Immuno-deficiency Virus
IEC	Information Education Communication
MC	Maternal Counseling
MSP	Ministry of Public Health
MST	Sexually Transmitted Disease
NGO	Non-Governmental Organization
PaP	Port au Prince
PIR	Project Implementaion Review
PROMESS	Central Drug Warehouse
PSI	Population Services International
SIS	Health Information System
SM	Maternal Health
SOE	Service Oecumenique d Entraide
SR	Reproductive Health
STD	Sexually Transmitted Disease
TBA	Traditional Birth Attendant
TT2	Tetnus Toxoid 2
UCS	Unite Commautaire de Sante/Community Health Unit
USP	Public Health Unit
WHO	World Health Organization
WRA	Women of Reproductive Age

I. Background

CARE began working in the Grand'Anse Department in 1982 and has implemented two health projects there: the RICHES project and the STD/AIDS Prevention Project. The RICHES project began in 1988 and worked in communities with locally recruited volunteers in two phases (RICHES I and II) to develop and administer the following community-based maternal and child health services: screening for high-risk pregnancy, vitamin A distribution, iron and folate anti-worm syrup distribution, and family planning.

The STD/AIDS Prevention Project (from February 94 to March 96), worked to strengthen the ability of health institutions to reduce the transmission of STDs and HIV/AIDS at both the community and clinic levels.

The RICHES 2000 project incorporates both projects and currently operates in 10 health institutions: 6 through the government and MSP, and 4 cooperatively managed and operated by MSP and an NGO. The project seeks to reinforce and capitalize on the gains achieved to date through these institutions, particularly in the area of reproductive health. The CARE strategy is to support these institutions in continuing to provide high quality health services after the project ends. Through improving technical capacity and management systems, CARE will institutionalize sustainable, improved services for the Grand'Anse Department.

II. Program Objectives Chart

OBJECTIVES	ON TARGET	PROGRESS TOWARD OBJECTIVES	COMMENTS
1. STDS/HIV/AIDS			
1.1 Increase HIV transmission knowledge (particularly maternal-child transmission), and STD prevention (particularly correct condom use among WRA and their partners with special focus on adolescents) by 50% over the baseline.	Yes	<ul style="list-style-type: none">38 Health agents have been trained in STDS/HIV prevention, IEC and counseling718 youths, 218 col-vol, and 7000 mothers/fathers have been educated in STDS/HIV prevention	The community is well informed of HIV/AIDS and STDs. The project and its partners encourage community motivation and information meetings to motivate the target population, especially the youth.
1.2 Increase the detection, referral and treatment of STDs by health providers for WRA and their partners by 25% over the baseline.	Yes	<ul style="list-style-type: none">8 Nurses and 11 Auxiliaries (service providers) have been trained in STD diagnosis, referral, treatment and prevention10 service delivery institutions have been provided with materials and appropriate supplies for STD treatment	The training as well as the availability of medication and materials has allowed partners to offer better service to STD patients. Youth are now coming to the health centers to be treated, and the stigma is beginning to dissipate.

OBJECTIVES	ON TARGET	PROGRESS TOWARD OBJECTIVES	COMMENTS
2. Maternal Care			
<p>2.1 Increase access to and utilization of appropriate antenatal care services including TT2 immunization and micronutrient supplementation by 25% over the baseline</p>	Yes	<ul style="list-style-type: none"> • 8 nurses and 11 nurse assistants have been trained to be "safe motherhood" providers offering: antenatal care, recognition of danger signs, obstetric emergencies and post-abortion complications, referral to the nearest emergency care provider, and post-partum family planning counseling. • 218 col-vol and 7000 fathers and mothers have been trained in safe motherhood: knowing dangers signs, importance of good pre- and postnatal care, good nutrition and newborn care, locations of service providers, and the development of emergency transportation. • Protocols for pre-, peri- and postnatal consultation have been prepared and service providers have been trained to use these protocols. • 38 health agents have been trained to recognize danger signs, to promote IEC interpersonal communication, and to provide family planning counseling and referral. • 238 TBAs have been trained for safe home deliveries and family planning counseling. 	<p>All of the partner institutions organize weekly pre- and postnatal clinics and others as needed. If health agents are available, they organize meetings to provide education and information, weighing, vaccination, distribution of folate iron, distribution of some FP methods with referral of suspect cases to the health center. Post partum clinics are beginning to work with the help of the matrons.</p>

OBJECTIVES	ON TARGET	PROGRESS TOWARD OBJECTIVES	COMMENTS
<p>2.2 Increase appropriate identification, referral and management of high-risk pregnancies by 25% over the baseline.</p>	<p>Yes</p>	<ul style="list-style-type: none"> • 10 partners institutions provide of materials and supplies to offer quality delivery care • Women, TBAs, col-vol, and fathers have been educated to recognize high risk pregnancy and obtain emergency obstetric care, when needed 	<p>In one positive example, during a supervision visit at the Carrefour-Charles Center with the gynecologist who had trained on obstetric emergencies, the auxiliary received an eclamsy case which she managed accurately under the doctor's supervision. Medication was available, and the patient arrived on time accompanied by a matron and her parents.</p>
<p>2.3 Increase access to and availability of emergency obstetric services by 20% over the baseline</p>	<p>Yes</p>	<ul style="list-style-type: none"> • 8 Nurses 11 nurse assistants have been trained to provide emergency care according to protocol. • Communities have been educated in a referral system including transport to an emergency obstetric provider unit. 	<p>Fathers' club recently established (three months) in the commune of Chambellan has improved the road conditions to the health center and created a credit union to lend money to members for emergencies. They have also identified people who are able to transport emergency cases. We are also collaborating with the Red Cross on these issues.</p>

OBJECTIVES	ON TARGET	PROGRESS TOWARD OBJECTIVES	COMMENTS
3. Family Planning			
3.1 Increase the use of modern contraceptive methods by WRA who desire no more children in the next two years by 25% over the baseline.	Yes	<ul style="list-style-type: none"> Men, women of reproductive age and adolescents have been educated in the benefits of family planning and different methods and sources of supplies. 38 health agents and col-vols have been trained in basic family planning technology, IEC techniques, counseling planning benefits, indications and contra-indications of various methods, and personal communication. Nurses, nurse assistants and health agents have been trained on record keeping and referral systems. Logistic systems for condoms, oral contraceptives and CCV have been improved. 	Statistics shows that more people are considering family planning, with the greatest interest in Depo-Provera. We are making an effort to promote Norplant and tube tying. (see PIR for years 98-99)
4. Institutional Strengthening			
4.1 Increase the degree to which maternal and reproductive health services are institutionalized in 10 service delivery institutions.	Yes	<ul style="list-style-type: none"> In-depth institutional management assessment has been conducted, the results of which provide a basis upon which specific management needs in each institution have been identified and developed. Follow-ups are conducted twice per trimester. 3 doctors, 8 nurses, and 11 nurse assistants have been trained on supervision techniques. Ten micro-projects have been developed by the partner's institutions with technical and financial assistance. 	

OBJECTIVES	ON TARGET	PROGRESS TOWARD OBJECTIVES	COMMENTS
4.2 Develop and assist in the institutional success of UCS2 in collaboration with the MSP and SOE	No	The UCS system is currently non-functional in the Grand'Anse due to changes in upper-level departmental management. However, in collaboration with the new director, we are helping to group the institutions by UCS.	Meetings are organized every two months with the partners to discuss problems encountered and to make decisions to improve the situation. A representative from the MSP participates actively in the meetings.
4.3 Establish and promote the successful workings of the Grand'Anse Health Consortium to facilitate coordination and the exchange of lessons learned.	Yes	At the beginning of the Medicine du Monde project, HHF and CARE united to form the CLIP committee (Inter Partner Liaison Committee). The objective of this committee was to help the departmental management identify the different problems faced by the institutions, avoid duplication, and make suggestions. We met on a quarterly basis and hope to pursue this activity to help the departmental management.	
5 Sustainability			
5.1 The personnel of partner institutions will offer regular SR services according to MSP norms (pre/post natal care, prevention and treatment of STDs, AIDS prevention and family planning)	Yes	<ul style="list-style-type: none"> • The staff has been trained (nurses, auxiliaries and health agents). • Services are offered and the treatment initiated following the MSP algorithm. • Quality IEC sessions take place every day in the clinics. • The CARE team, accompanied by a MSP representative, makes monthly visits to every institution to support and help the staff on site. 	The various clinics are instituted and are functioning in each partner institution.

OBJECTIVES	ON TARGET	PROGRESS TOWARD OBJECTIVES	COMMENTS
5.2 All partner institutions will be equipped with basic materials to offer SR services according to norms (see basic equipment of MSP)	Yes	CARE's team ensures that medication is available in every partner institution to fill prescription needs of each patient. Occasionally a member of the regional depot accompanies the team to check the inventory.	The availability of medication is largely responsible for the increase in visits to the institutions.
5.3 Partner institutions will use efficient management systems.	Yes	CARE's team visits each institution between the 6th and 8th day of the month to collect the monthly reports. We help analyze the data and demonstrate how to use it efficiently, control stocks and review the monthly calendar of activities, discuss the problems, and take appropriate corrective measures.	Monthly reports are increasing in quality and regularity, and the staff understanding of the importance of collecting accurate data is improving.
5.4 Increase the population seeking services in partner institutions.	Yes	Based on monthly reports, we review the frequency of visits to each institution and analyze the favorable and unfavorable factors in order to make appropriate decisions.	In every institution we saw an increase in the number of patients. This is probably due to a more stable and better-trained staff, the availability of more medication, more regular community activities and better-informed communities.

III. Factors Influencing Project Implementation: Constraints and Resolutions

A. Favorable Factors

The RICHES 2000 project staff is well motivated and competent. It is known by the departmental management and the partners for its enthusiasm, its' interest in the project and competence in the accomplishment of tasks. The staff also maintains close contact with the community, and the positive attitude of the project staff encourages the partners.

The staff is available and flexible. The project's staff flexibility helps to maintain good relations with the MSP's staff, they support them and try to answer the needs when possible.

There is a good relationship between the project and the MSP and the NGOs at the departmental level. It is both well-respected and well-known for its accomplishments and also for its positive attitude towards its partners, and continues to do so through two projects in the Grand' Anse.

B. Constraints

The instability of personnel was a major constraint in the realization of some objectives. The RICHES project asked for the assistance of the MSP departmental officials, but unfortunately, insufficient salaries continue to be an issue. After great effort and insistence, the project was able to obtain stable personnel (nurses, auxiliaries) in each of the ten partner institutions.

The shortage of health agents at the community level prevents the project from establishing gathering posts as planned. The departmental management has promised to recruit and train new health agents and we are ready to help with the training.

We have to mention the stock outage of contraceptives at the level of PROMESS in Port-au-Prince. The different meetings we had with HS 2004 on the issue helped a bit, but at this level, we are very limited. At the departmental level, we are trying our best to improve the situation.

IV. Technical Assistance

The project organized a number of trainings (prenatal care, obstetrical emergencies, FP , STD treatment and counseling, AIDS prevention and counseling, IEC strategy, training of trainers of matrons stock management, financial management, etc.) These have been made jointly with the departmental management /CorneilGesquio/HS2004 over the last two years.

Topics	Date	No. participants	Trainers
Leadership	7/27-8/1/98	25	CARE
Participative Approach	11/3-11/6/98	19	CARE
Childbirth	10/19-10/23/98	16	CARE/MSP
Stock management	10/20-10/22, 11/14-11/16/98	21	CARE
SIS	6/98	16	MSP/CARE
Retraining A/S	6/29-7/10/98	28	CARE/MSP
STD/AIDS	8-12 June 98	16	CARE
Prenatal Care/EOC	5/11-5/15/98		CARE(consultant Gynecologist MSP)
FP	3/10-3/15/98	16	CARE/MSP
Financial mgmt (re-training)	8/5-8/7/98	6 partners 6 staff	CARE(Jérémie et Gonaives)
IEC strategy	6/99	18	MSP/CARE
Training of trainers of matrons	4/99	22	CARE/MSP

STD prevention, treatment and counseling	5/99	19	MSP/HS2004/Corneil Geskio/CARE
Supervision	5/10-5/15/98	18	CARE(Policy Project consultant)

*Note that for some generic training, we invite other institutions of the MSP, and other CARE staff from Gonaives or Cayes to participate. Two training sessions coming up are:
Community Participation (October 25-29) and Follow-up and Evaluation (November 8-12/99).

At the community level, each institution prepares a training calendar for the health agents, col-vols, matrons, fathers and mothers clubs . These training are conducted with help from the staff on site.

V. Substantial Changes in the Project Document

The Viability Plan

Considering that the lack of personnel (doctors, nurses, auxiliaries) and of community health agents is a major handicap to carry out the projects objectives, we considered a viability plan considering the strengths and weakness of our partners, and determined the activities they could feasibly carry on after we leave.

GOAL	OBJECTIVES	INDICATORS	ACTIVITIES
VIABILITY The partner institutions will regularly provide quality reproductive health services.	1. The personnel of the partner institutions in reproductive health will follow MSP's norms (pre/post natal clinics, prevention and treatment of STDs, AIDS prevention, FP clinics)	Each partner institution offers services in maternal care at least once a week. a- Every institution offers FP services at least once a week. b- Every institution treats people coming in with signs and symptoms of a STD following the MSP algorithm. c- Beneficiaries respect the rules established by the MSP to offer services in FP, SM and STD/AIDS. d- Quality IEC sessions are offered every day in the institutions. e- The follow-up visits are made monthly.	<ul style="list-style-type: none"> • Organization of clinics • Requisition of materials • Training of personnel on different topics (FP, DTD/AIDS, maternal care, management, IEC) • Organization of IEC meetings in the clinics • Training of matrons and community health agents • Information meetings for community leaders • Youth training on STD/AIDS and FP • Organization of follow-up visits (protocol for visits)
	2- The institutions are equipped with the minimum materials for the RC services following the level (see MSP's list of minimum in annex)	Each institution has materials, equipment and medication following a list provided by the project.	Request/purchase of material following the needs of the institution and following MSP's norms and the list established by the project.
	3- The institutions have and use an efficient management system.	a- The monthly MSP data cards are correctly completed. b- The institution did not have stock outage (relative with RH) in the last three months. c- Each institution completes and maintains a monthly activity calendar. d- The accounting books are current and balanced. Every institution held monthly meetings with the staff and kept minutes.	<ul style="list-style-type: none"> • Monthly follow-up visits. • Regular supply of medication, contraceptive material, data collect cards, vaccine, etc. • Preparation of the monthly activity plan and follow-up • Daily financial report • Monthly meeting to keep staff informed.

GOAL	OBJECTIVES	INDICATORS	ACTIVITIES
	4.- Increase clients who seek services from the partner institutions.	Increase the number of people at the clinics (FP, MC, STD/AIDS) organized by the institutions and also in the gathering posts.	<ul style="list-style-type: none"> • Organization of community meetings to inform the community of the available services offered by the institution. (consulting days, prices, etc.) • Organization of motivation days on maternal care, FP, STD/AIDS. • Researching existing structures to better diffuse information. • Organization of gathering stations where there are health agents.

VI. Implementation of Mid-Term Evaluation Recommendations

RECOMMENDATIONS	PROGRESS	No.	CATEGORIES
<p>1. Quality of the program planning of obstetrical emergencies</p> <ul style="list-style-type: none"> Health agents (with the assistance of the health workers of the institution) organized a reflection session with the members of the community to develop an IEC strategy. In preparation, CARE and the health workers considered the health agent's abilities to facilitate discussions. The institutions and the project personnel have to develop and make training sessions for health agents. The sanitary agents will also discuss with other leaders in the commune. The institutional personnel will evaluate its capacity to offer obstetrical emergency care. Re-training and improvement of attitudes for part of the staff may be necessary. 	<p>Training of trainers on the Participative Approach (Nov 98)</p> <p>The training has been conceived to allow partners to develop competencies and to allow the community to identify problems and come up with solutions. The following themes were developed:</p> <ul style="list-style-type: none"> How to prepare and hold community meetings The different behaviors inside the group How to solve a problem in group The importance of participation inside the group <p>This training was meant for the persons responsible for community activities, and they will repeat this training to the health agents, community leaders, col-vols, etc.</p> <p>A retreat was held at the community level around the following themes:</p> <ul style="list-style-type: none"> Signs of danger before, during and after childbirth The importance of post natal consulting Feedback shared by the participants on the accessibility of services. Health professionals of the partner institutions have been trained in obstetrical emergencies and when to refer. <p>At the community level, the problems of transportation for obstetrical emergencies were taken into account and the people told us about the various ways used to solve this problem (by using doors, boards, bamboo stretchers, sheets, etc). In some places like Chambellan (Zizi and Lavalette), people repaired a road for fast transportation of emergencies. To reinforce the system, the stretchers provided by the micro-project have been distributed and placed in strategic spots for a rational use.</p>	<p>15 8 12</p> <p>600 0</p>	<p>Auxiliaries Nurses Health Agents</p> <p>Men/Women</p>

RECOMMENDATIONS	PROGRESS	No.	CATEGORIES
<p>2. CARE/PaP (ACD) is looking for the USAID rules (via the contact person) for subgrant management to determine the needed level of responsibility.</p> <p>If allowed, the strict financial responsibility will be replaced by the responsibility of scheduled program.</p>	<p>Consensus with partners of financial reports. During March 1999, a meeting with the partners was organized. In this meeting, the manager of micro-projects, along with the partners, established a contract to reduce details from multiple bills that partners had to submit in each financial report.</p>	13	Partners
<p>The project is considering additional grants in accordance with the objectives of the micro-project.</p>	<p>To achieve this, we analyzed the proposals of our partners, taking into account materials, medication, logistics and office furniture already purchased during the first two years. The real needs on the institutions in terms of training and retraining for community personnel were carefully studied in regard to the time left and the money available. To make an objective calculation of the exact amount to attribute to each institution, we took the last financial report (June 1999) to control the balance. From the total amount of the last revised budget, we deducted this balance, which gives the amount of the check given to each institution. At the end of December 1999, the amount not spent will be given back to the project.</p>		
<p>The person responsible for the project will organize a day retreat with the personnel, representatives of the partners, supervisors of the health workers and the representatives of the MSP to identify the extent of the problem and develop strategies for the community due to the lack of paid sanitary agents.</p>	<p>The project manager met the partners and MSP representatives to discuss problems caused by the lack of health agents. As a resolution, HS-2004 proposed to train 90 agents if the MSP pays them.</p>		

RECOMMENDATIONS	PROGRESS	No.	CATEGORIES
The project's personnel will work with the partner institutions and their health workers for the organization of gathering stations exclusively for men on family planning, STD/AIDS. This has to become an integral part of their work.	Considering the difficulty in establishing gathering stations only for men, we adopted another strategy: to regroup and structure fathers clubs by training them in reproductive health.	500 0	Men
The personnel of the project and the partners will identify mechanisms to facilitate presentation in schools.	Some steps have been taken with school directors to have the authorization to work with teenagers in school. The needs are so great that some directors came to us by themselves to get help. Student training covers sexual education, FP and STD/AIDS (Jeremie, Dame-Marie, Irois).	736	Students
IEC personnel, with the assistance of health units are researching existing educative materials, methods, games, activities, and audio-visual aids on STD/AIDS and awareness of young Haitians. This material will be incorporated in the retraining program.	The IEC personnel, along with the trainer of CARE-PaP, initiated an approach with NGOS like PSI, FNUAP, WHO, GESKHIO, etc to obtain additional material support. Books, brochures, videos and T-shirts have been distributed to all partner institutions.		
The project manager will develop a form for each operation plan to be completed by each staff member and submitted.	Monthly activities calendars followed by a monthly report from each staff member are submitted regularly to the project manager.		
The person responsible for the IEC project and his assistant make a follow-up card to evaluate the quality of IEC meetings offered to the institutions on site. Cards include the utilization of different creative methods and techniques to pass key messages and are discussed afterwards with the supervisors of health agents. The supervisors (including the project personnel) fill out the follow-up cards when evaluating IEC sessions and discuss them with the IEC facilitators to encourage improvement.	IEC personnel responsible for the three CARE-Haiti projects developed a follow-up and protocol guide for IEC. The guide was submitted to the IEC staff in the different institutions and implemented. Planning is made from the monthly calendars showing the activities in every institution. In the course of follow-up visits, the supervised activities are subject to suggestions and recommendations, put in writing and countersigned.		
The project personnel share the results with the staff of each institution and encourage the partner nurses, auxiliaries and health agents to focus their attention on danger signs during pregnancy and childbirth, in the course of gatherings and IEC meetings.	Prenatal Care Training Following this recommendation, a training in childbirth was organized for the personnel of the institutions (Nov 98) The following themes were developed: <ul style="list-style-type: none"> - High risk pregnancy - Danger signs before, during and after childbirth - The different phases of childbirth - The different presentations of the child - Delivery - The CAT for each case The matrons, health agents, col-vols and mothers clubs have been re-trained on the signs of danger before, during and after childbirth.	12 9 238 218 23	Nurses Auxiliary nurses Matrons Col-vols Health Agents

RECOMMENDATIONS	PROGRESS	No.	CATEGORIES
<p>Quality of the Health Workers and of the Institutions</p> <p>The project manager, with the MSP departmental nurses will develop and improve a protocol for post natal counseling, putting an emphasis on the time factor, i.e. 2 days after childbirth.</p> <p>The project personnel will develop a health lesson on the importance of post partum consultation.</p> <p>The project personnel will train and motivate the institutional personnel on the importance of post partum consultation.</p> <p>MSP statistician will review the requirements related to post natal consultation and clarify the definitions with the partners and project staff.</p> <p>The institutions will train, retrain, and encourage sanitary personnel on site to make the community conscious of the importance of post partum consultations.</p> <p>The project staff will develop and help the institutions establish training/re-training courses for matrons to encourage and allow them to perform post partum consultations and refer difficult cases to health center or maternity.</p>	<p>We met with the MSP manager, who informed us the protocol is in progress. Meanwhile, the project staff is working with the partners and the communities on the concept of post partum consultations immediately after childbirth and two days after in the community.</p> <p>A session on the importance of postnatal consultation has been developed and shared with the person responsible in the institutions including training of the matrons, mothers clubs, fathers clubs, etc.</p> <p>Reference: Training on childbirth</p> <p>A meeting took place with the partners and the departmental statistician to define the concept of postnatal consultation and to make it coordinate with the new form of the SIS. While making follow-up visits with the statistician, re-training was given to the staff. Matrons were re-trained in maternal care.</p>	<p>74</p> <p>114</p>	<p>Reunions</p> <p>Matrons</p>
<p>Care quality: The project manager, with the data provided by departmental nurses and the USP of CARE-PaP will develop and finalize the protocols for services supplies.</p> <p>Project personnel will develop simple follow-up cards for utilization in the institution: focusing on quality of care and the level of services provided.</p> <p>The project staff will train the partners in the use of follow-up cards.</p> <p>The project's personnel and the partners will use the follow-up cards to observe and evaluate the services provided in relation to quality criteria.</p>	<p>We now use the follow-up protocol elaborated for reproductive health to evaluate the quality of services provided by the partners. A follow-up card has been made to evaluate the quality of the services provided by health agents in the community.</p> <p>The partners also use these follow-up cards for their self-evaluation.</p>		

RECOMMENDATIONS	PROGRESS	No.	CATEGORIES
Global follow-up of the project: the project's personnel with the USP of CARE-PaP will review and reduce the indicators and the ID components of the project for a maximum of 10 indicators and 10 ID.	The indicators were revised with regard to the specific objective of the project.		
The project manager will organize a workshop with the help of the MST statistician to review with the project's personnel if the health reports are correctly filled in clear language, etc. The project's staff will help organize half-day workshops in every institution while the statistician works with institutional personnel to review the procedures, correct mistakes and verify the capacity of accurately filling-out a report.	A workday was organized between the personnel of the project and the MSP's to obtain a uniform interpretation of the data forms. During the follow-up visits, we gave some on-site training.		
<p>An annual management development plan will be developed for every partner service and staff member. The ID personnel will enclose an annual plan in the amended micro-projects.</p> <p>The ID personnel will develop a follow-up system of progress and tools to determine and document the improvements.</p> <p>If necessary, he and the partners will develop a formal training plan directly linked to specific objectives.</p>	<p>The institutional reinforcement plan was elaborated with the partners and has been applied.</p> <p>While reviewing some micro-projects last June, an annual activities plan was made up by every partner.</p> <p>The follow-up cards are in use.</p> <p>While making follow-up visits, training needs were identified and a training on supervision was held. A training in follow-up and evaluation is being held in Nov 99.</p>	18 2	Nurses Doctors
<p>The project manager will identify the missing statistics (basis data) on the covering and quality of care.</p> <p>The personnel of the project will determine (with respect to the health data of every institution) if this data can be collected from the past monthly reports of the MSP9 beginning in mid-97.</p> <p>In this case, the ID staff will collect specific data from every institution to be used as basic data.</p>	<p>For liability issues, feedback and decision-making, the personnel of the project collect statistical data directly on site.</p> <p>The data is collected monthly in every institution by the project staff.</p>		

RECOMMENDATIONS	PROGRESS	No.	CATEGORIES
The personnel of the project, jointly with the partners, should identify the visual aids and technical training needs for each of the three components.	The visual supports have been identified and analyzed including key messages specific to each component and given to the institutions.		
The project manager is looking forward to establishing partnerships with the maternity of Bonbon and Abricots. If appropriate, he will develop and sign micro-projects with them and invite the personnel of those institutions to all pertinent training.	The staff supervises the trained matrons.		

VII. Works of Interest to the Greater Development Community

1. The revision of statistical data collection cards

The RICHES 2000 project no longer offers direct services, rather it works through its partners under the coordination of the MSP. All institutions already have the forms for statistical data collection following the standards of the MSP. In the context of our partnership, the project does not intend to duplicate the SIS but wishes to be able to help its partners collect reliable data. If there are indicators of note not taken into account by MSP, management allows us to add two forms to be filled by the personnel along with the MSP forms. Our good relationship with the departmental management allowed us to spend a day with the project staff and the statistician of the department to interpret the different statistical data forms. A good comprehension of the forms allowed us to hold a training, along with the statistician, for the personnel of partner institutions so they can correctly interpret the indicators and collect more reliable data.

1. Creation of fathers clubs

In response to a recommendation from the mid-term evaluation, the staff decided to group men in clubs and train them on different topics, specifically on obstetrical emergencies and FP. The reason for this is that our visits in different communities showed us that men made the decisions in case of emergencies. For the past four months, many clubs are functional (Chambellen, Anse d'Hainault, Abricots), highly motivated and make surprising testimonies from the knowledge they are acquiring. The youth are volunteers in FP and support the promotion of existing contraceptive methods. Other social activities are planned with this group, such as literacy classes.

3. Prenatal Care Training

12 nurses and 9 auxiliaries have been trained in prenatal care and obstetrical emergencies. This training allowed us to conclude that if the personnel are trained and motivated, the material and medication available, the matrons well trained and motivated, the community well-informed to take the decisions on time, and the on-site follow-up is made; we can reduce maternal morbidity and mortality.

4. The Institutional Reinforcement Plan

A reinforcement plan was created jointly with the partners and following the needs of all institutions. In this plan we determined the strong and weak points of the partners and prepared together a recovery plan while setting the responsibilities of each (CARE, MSP, and Partners). The sharing of this information is done with the MSP management to make the follow-up more efficient.

5. Integration of a new partner

During 1999, the project increased the number of its partners to 10 with the Health Center of Carrefour-Sanon, a mixed institution (MSP/Soeurs du Bon Pasteur). It is 18 kilometers from Jeremie, in Fond-Rouge Dayere, a section of the commune of Jeremie. It has a population of 17,000. The personnel is as follows:

- 1 religious nurse
- 1 auxiliary (MSP)
- 2 health agents
- 10 trained matrons
- 4 care aids
- 1 maid

The building is quite spacious and well organized. The personnel are very stable and managed by a Haitian Sister who is open to FP modern methods. Two health agents serve the community.

Before becoming our partners, the personnel followed all our training sessions. We should mention that Soeurs du Bon Pasteur have collaborated with us in the AIDS pilot project, and also in the RICHES 2000 project through the health center of Roseaux, and we hope to reach the same level of collaboration in CARE's Initiative and support project.

The total number of direct beneficiaries of the project varies from 53,038 to 63,639 women aged 15 to 49 years old.

Estimated Beneficiary women (15-49) population per year

Population age group	1996/1997	1997-1998	1998/1999	1999/2000
Women 15-49 years	5,304(10%)	13,260(25%)	26,545 (50%)	41,365 (65%)

VIII. Appendix I: **Description of institutions and populations served by the project**

Grand'Anse Commune	Name of Institution	Category	Type	Staff	# beds	Target: Women	Indirect Target: Men	Total
Abricots	St Joseph	Dispensary- Maternity	public	1 nurse 1 Auxil	0	8,429	8,766	33,714
Ansed'Hainault	St Jean Baptiste	Health center with beds	public	1 MD 1 nurse 5 Aid- nurses	13	7,362	7,656	29,446
Bonbon	Chemin la Vie	Dispensary	Public	1aid- nurse	0	2,228	2,317	8,911
Chambellan	Chambellan	Health center without beds	Mixed	2MDs 4 aid- nurses	0	6,3993	6,648	25,571
Dame-Marie	Dame-Marie	Health center with beds	Mixed	2MDs 1 Nurse 4Nurses Aid	10	8,732	9082	34,929
Les Irois	Les Irois	Health center without beds	Mixed	1 MD 1 Nurse 3 nurses Aids	0	4,987	5,186	19,948
Moron	Moron	Health center with beds	Mixed	1 Nurse	5	7,454	7,752	29,816
Roseaux	Bon Samaritin	Dispensary	Mixed	1 Nurse 3 aid- Nurses	0	6,301	5,797	25,204
Roseaux	Carre-four Charles	Dispensary	Public	2 Nurses Aid	0	1,067	1,020	4,271
Jerenie	Carrefour- Sanon	Dispensary	Mixed	1 Nurse 1Auxiliar 3 AID	0	4,250	4,063	17.000
			Total		28 beds	57,203	58,287	254,556